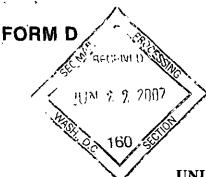
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	•
OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average	age burden

hours per response. 16.00

SEC U	SE ONLY
Prefix	Serial
	_ }
DATE	RECEIVED
1	ł

V UNIVOKW BIWITED OFFERING EXEM	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Daube - Joint Venture	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	07068993
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Daube - Joint Venture by TransCoastal Partners, LLC - Mana	ging Venturer
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
17304 Preston Road, Ste. 970, Dallas, TX 75252	972-818-0720
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Drilling, owning, operating producing oil and gas we	
Type of Business Organization	PROCESSE
	lease specify):
	int Venture JUN 29 2007
Month Year	P_{i}
Actual or Estimated Date of Incorporation or Organization: [O] Actual Estim Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	O MOON
CN for Canada; FN for other foreign jurisdiction)	FINANCIA I
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o. 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Scare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal examples appropriate federal notice will not result in a loss of an available state exemption unles	

filing of a federal notice.

A. BASIC IDEN	FUTCATION DATA			
2. Enter the information requested for the following:				
 Each promoter of the issuer, if the issuer has been organized within 	n the past five years;			
 Each beneficial owner having the power to vote or dispose, or direct 	the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.	
• Each executive officer and director of corporate issuers and of cor	porate general and man	aging partners of	partnership issuers, and	
Each general and managing partner of partnership issuers.				
	1 n or			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	Managing Partner	
Each personner of the following: Each personner of the fissuer, if the issuer has been organized within the past five year. Each beneficial ower having the pover to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each beneficial ower having the pover to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each beneficial ower having the pover to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each general and managing partner of partnership issuers. Check Box(es) that Apply:				
Stuart G. Hagler				
Business or Residence Address (Number and Street, City, State, Zip Code)				
17304 Preston Road, Ste. 970, Dallas, TX	75252			
	Executive Officer	☐ Director	-	
Full Name (Last name first, if individual)				
David J. May				
Business or Residence Address (Number and Street, City, State, Zip Code)	75252			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	\Box	
Full Name (Last name first, if individual)			·	
W. A. Westmoreland			•	
17304 Preston Road, Ste. 970, Dallas, TX	75252			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	—	
Full Name (Last name first, if individual)	•			
Joshua Stafford				
				
17304 Preston Road, Ste. 970, Dallas, TX	75252			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director		
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director		
Full Name (Last name first, if individual)	,			
				
	75252			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	-	
Full Name (Last name first, if individual)				
Storm Phillips				
	7.			
17304 Preston Road, Ste. 970, Dallas, TX	75252			
(Use blank sheet, or copy and use additional sheet she	tional copies of this she	et, as necessary)		

	ear \$18 (2) is early the late of making	ENTIFICATION DATA				
	_					
•				_		
•	-	-	•	• •		
 Each executive officer and director of 	of corporate issuers and of	corporate general and ma	naging partners o	f partnership issuers; and .		
• Each general and managing partner	of partnership issuers.					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
2. Enter the information requested for the following: But promoter of the issuer, if the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and Each executive Officer of partnership issuers, and Each executive Officer of partnership issuers, and Robert Vaught Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252 Check Box(es) that Apply: Promoter Beneficial Owner Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 9						
Robert Vaughn		_				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)				
17304 Preston Road, Ste.	970, Dallas, T	X 75252				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director			
Full Name (Last name first, if individual)		- <u>-</u>		 		
Fred Hernandez	;					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	-		
Full Name (Last name first, if individual)						
				•		
Business or Residence Address (Number and	Street, City, State, Zip Co	de)				
17304 Preston Road, Ste.	970, Dallas, T	X 75252				
Check Box(es) that Apply: Promoter .	Beneficial Owner	Executive Officer	Director	<u> </u>		
Full Name (Last name first, if individual)		•				
Business of Residence Address (Number and	Street, City, State, Zip Co	de)		•		
			····			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	□		
Full Name (Last name first, if individual)						
Duelana an David and Hall Co.		***		· · · · · · · · · · · · · · · · · · ·		
`.						
	Beneficial Owner	Executive Officer	Director	-		
Full Name (Last name first, if individual)	=					
	· · · · · · · ·					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director			
full Name (Last name first, if individual)	•					
Hisiness or Residence Address Olymber and	Street City State 7in Co	de) c				
17304 Preston Road, Ste.	7/U, Dallas, I	. 13434				

				В.	INFORMA	TION ABO	UT OFFER	ING				<u> </u>
l Has	the issuer so	ald or does	the issuer								Yes	No
1. 1143	130 130 101 50	ora, or acco			n Appendi				•			Ц
2. Wha	it is the mini	mum invest			• •						. <u>\$ 14</u>	,125.00
											Yes	No
	s the offerin			-	_							
com If a p or st	er the inform mission or si person to be l ates, list the oker or deals	milar remun isted is an as name of the	eration for ssociated po broker or d	solicitation erson or ag ealer. If m	n of purchas ent of a bro ore than fiv	sers in conn ker or deale e (5) perso	ection with er registere ns to be lis	sales of se d with the S ted are asso	curities in SEC and/or	the offering with a stat	g. e	
Full Nam	e (Last nam	e first, if inc	lividual)									
Business	or Residence	e Address (1	Number an	d Street, C	ity, State,	Zip Code)	· · ·		<u> </u>	· ·		
Name of	Associated l	Broker or De	ealer			<u> </u>						
States in	Which Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers	.					
(Che	ck "All Stat	es" or check	individua	States)		***************************************					☐ Al	l States
AL IL MT	[IN]	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
RI		SD	TN	TX	UT	VT)	VA	WA	WV	WI	WY	PR
Full Nam	e (Last name	first, if ind	ividual)					<u>. </u>	<u> </u>			
Business	or Residence	e Address (Number an	d Street, C	City, State,	Zip Code)						_
Name of	Associated E	Broker or De	aler			·			·			
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	es" or check	individual	States)		*****************		***************************************				States
AL IL MT		AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nam	e (Last name	first, if ind	ividual)	····								
Dusiness	or Residence	a Address C	No b	d 544 C	Situa Ctata	7i= Codo)			···- <u></u>			
Dusiliess	or Kesidenc	e Address (Mannoel Su	a street, C	Jily, State, .	zip Code)						
Name of A	Associated E	Broker or De	aler		<u></u>							
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					,	
(Che	ck "All State	s" or check	individual	States)						*********		States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	5	
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants))	_ \$
	Partnership Interests	S	. . .
	Other (SpecifyJoint Venture Interests	1,695,000	. \$
	Total	1,695,000	- \$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	·	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		S
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		·

	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	3 .	\$ <u>1,695,000</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment	s	s
	Construction or leasing of plant buildings and facilities		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬ s	□ \$
	Repayment of indebtedness		
	Working capital		
	Other (specify) All funds used for working capital which includes organizational and	\$ <u>1,695,00</u>	0 = \$ <u> </u>
	offering expenses hereof, including salaries for officers; however, no amount has yet been determined.		
	Column Totals	\$ <u>1,695,00</u>	0 ■ \$0
	Total Payments Listed (column totals added)		<u>,695,00</u> 0.
	D. FEDERAL SIGNATURE	त्तु । त्रिक्षाच अस्तुत्र । देशाच्युक्ते हुन् सर्वे । देवे । त्रुक्ते अस्तान क्षेत्र कर्मा कर्मा	i dentro sencenti est e sure. Viluna incresciantes estas
sign the i Da	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Fundamental Processing P	sion, upon writter	le 505, the following n request of its staff,
	inscoastal Partners, LLC – Managing	,	0-07
	nturer		
W	A. Westmoreland Managing Member		_

- ATTENTION -

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
The issu	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
	thorized person.
	e - Joint Venture by
Trans	Coastal Partners, LLC – Managing
Ventu	irer Alle Market
Name (Print or Type) Title (Print Type)

Instruction:

W. A. Westmoreland

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 3 ł 2 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Amount Investors State Amount Yes No Joint Venture ΑL UNK UNK Interests \$ 1,695K UNK UNK X ΑK H UNK UNK UNK UNK X X ΑZ UNK X UNK UNK UNK X AR 4 UNK X UNK UNK UNK X CA 11 UNK UNK UNK UNK X CO ħ X UNK UNK UNK UNK X CT X 41 UNK UNK UNK UNK X DE # UNK UNK UNK UNK X DC 11 X UNK UNK UNK UNK . Х ń FLUNK X UNK UNK X UNK ŭ GA X X UNK UNK UNK UNK Н UNK UNK UNK UNK Х ID X UNKUNK UNK UNK X IL# UNK UNK UNK X UNK ΙN # X UNK UNK UNK UNK X 14 IA X UNK UNK UNK UNK X KŚ 11 X UNK UNK UNK UNK <u>X</u> . ŔΥ h X UNK UNK UNK UNK X LA ## X UNK: UNK IINK UNK X ΜE ij X UNK UNK UNK UNK X MD l ş X x UNK UNK UNK UNK MA ij X UNK X UNK UNK UNK МІ Ħ X UNK UNK UNK X UNK # MN X UNK UNK UNK UNK X MS 4 X UNK UNK UNK UNK

APPENDIX

1		2	3			4		Disqua	dification
	Intend	d to sell	Type of security and aggregate	}				i	ate ULOE, attach
	J	ccredited	offering price	}	Type of	explanation of waiver granted)			
	ſ	rs in State I-Item 1)	offered in state (Part C-Item 1)	}	amount purchased in State (Part C-Item 2)				
	(1 211 1 2	1	(Tate ton 1)	Number of	(1 00.0	Number of			-Item 1)
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
МО	X		oint Venture terests \$ 1,69	5K UNK	UNK	UNK	UNK		X
МТ	X	 	$n \rightarrow \infty$	UNK	UNK	UNK	UNK	 -	X
NE	_ X		11	UNK	UNK_	UNK	UNK		_ X
NV	X		11	UNK	UNK	UNK	UNK		Х
NH	X _		h	UNK	UNK	UNK	UNK		x
. N1	X		11	UNK	UNK	UNK '	UNK		х
NM	<u>X</u>		h	UNK	UNK	UNK	UNK		X
NY	<u>X</u>		и	UNK	UNK	UNK	UNK		X
NC	X		11	UNK	UNK	UNK	UNK		X
ND	X	ļ 	h	UNK	UNK	UNK	UNK		<u> </u>
ОН	X		te .	UNK	UNK	UNK	UNK		Х
ок	X		u*	UNK	UNK	UNK	UNK		X
·OR	X		h	UNK	UNK	UNK	UNK		X
PA	K			unk	UNK	UNK	UNK		¥
RI	Х		11	UNK	UNK	UNK	UNK		х
·SC	<u>X</u> ,	[0	UNK	UNK	UNK	UNK		X
SD	X		h	UNK	UNK	UNK	UNK	-	X
TN	<u> X</u>		11	UNK	UNK	UNK	UNK		x_
TX	X		-11	UNK	UNK	UNK	UNK		х
UT	X		11	UNK	UNK	. UNK	UNK		Х
VT	X		ч	. UNK	UNK	UNK	UNK		X
VA	Х		Ч	UNK	UNK	UNK	UNK		X
WA	X		i, i	UNK	UNK	UNK	UNK		x
wv	Х		11	UNK	UNK	UNK	UNK		X
WI	X		11	UNK	UNK	UNK	UNK		X

			e de la companya de La companya de la co	APP	'ENDIX		n en	er Le Grand de la Colonia	jananan istorijo Karagaran	
1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under Si (if yes explan waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	ite Yes No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY	X .	1	int Venture terests \$ 1,69	5K UNK	UNK	UNK	UNK		X	
PR	X		Į į	UNK	UNK	UNK	UNK		X	